

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000566

1. Entity Name

SANDPIPER BAY YACHT CLUB, INC.

Principal Place of Business

3500 MORNINGSIDE BLVD.  
PORT ST. LUCIE FL 34952

Mailing Address

PO BOX 9243  
PORT ST. LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARINO, JOHN JR.  
1112 WESTCHESTER DR.  
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HOPKINS, TOM ☐ Delete  
STREET ADDRESS 1286 SW CEDAR COVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE D  
NAME LOMIO, FRANK ☒ Delete  
STREET ADDRESS 1752 ADAIR ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE RC  
NAME BARNES, JAMES ☐ Delete  
STREET ADDRESS 2857 TALON CT  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE C  
NAME LEGGIO, PHIL ☐ Delete  
STREET ADDRESS 4296 SE BRITNEY CIR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE VC  
NAME DEBELL, JACK ☒ Delete  
STREET ADDRESS 109 ST LUCIE LN  
CITY-ST-ZIP STUART FL 34994

TITLE T  
NAME CARION, JOHN JR. ☐ Delete  
STREET ADDRESS 1112 WESTCHESTER DR.  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME KENNETH SUNSHINE  
STREET ADDRESS 4490 SANDPIPER TRACE  
CITY-ST-ZIP STUART, FL 34956

TITLE VC ☒ Change ☐ Addition  
NAME JAMES BARNES  
STREET ADDRESS 2857 TALON CT  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☒ Addition  
NAME Joan DeBell  
STREET ADDRESS 109 ST. LUCIE LN  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90054 017 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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